

**STATE OF NEVADA
SUGGESTION FORM FOR NEVADA STATE EMPLOYEES**

MERIT AWARD PROGRAM

EMPLOYEE ELIGIBILITY: If you are a State employee, you are eligible to submit your ideas unless you are a department head or specifically assigned the responsibility as part of your normal job responsibilities.

Name: _____ **Job Title:** _____

Employee ID #: _____ **Date:** _____

Department: _____ **Division:** _____

SUBJECT OF SUGGESTION:

WHAT IS THE PRESENT CONDITION OR PROCEDURE:

HOW DO YOU THINK IT CAN BE IMPROVED:

ESTIMATE SAVINGS OR BENEFIT:

I BELIEVE MY SUGGESTION WILL:

- | | | |
|--|--|--|
| <input type="checkbox"/> Increase productivity | <input type="checkbox"/> Prevent waste | <input type="checkbox"/> Eliminate duplication |
| <input type="checkbox"/> Improve service | <input type="checkbox"/> Prevent accidents | <input type="checkbox"/> Reduce costs |

The use of my suggestion by the State of Nevada will not form the basis of a further claim of any nature upon the State of Nevada by my heirs, assigns, or me.

Signature of employee: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Business phone: _____

Mail to:
MERIT AWARD BOARD
c/o Department of Personnel
209 E. Musser Street, Room 101
Carson City, Nevada 89701-4204
Telephone: (775) 684-0130

<http://dop.nv.gov>